



MedicalTAX inc.

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## CORPORATE APPLICATION FORM

Corporation's Legal Name: \_\_\_\_\_

Operating As: \_\_\_\_\_ Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Bus No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

### *First Contact Person*

Name: (First)	(Last):
Ph No.:	Fax No.:
Email:	
Position:	

### *Second Contact Person*

Name: (First)	(Last):
Ph No.:	Fax No.:
Email:	
Position:	